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Bib Data Sheet

CONFIRMATION NO. 9165

SERIAL NUMBER 09/935,513	FILING DATE 08/22/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. X-10576A
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**APPLICANTS**

Harlan Edgar Shannon, Carmel, IN;  
 Daniel Edward Womer, Thornton, CO;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A REI OF 08/823,461 03/24/1997 PAT 5,945,416  
 WHICH CLAIMS BENEFIT OF 60/014,130 03/25/1996  
 AND CLAIMS BENEFIT OF 60/014,128 03/25/1996  
 AND CLAIMS BENEFIT OF 60/014,129 03/25/1996  
 AND CLAIMS BENEFIT OF 60/014,132 03/25/1996

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/02/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING	TOTAL CLAIMS 91	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

Nelsen L Lentz  
 Eli Lilly and Company  
 Lilly Corporate Center  
 Drop Code 1104  
 Indianapolis ,IN 46285

**TITLE**

Method for treating pain

FILING FEE RECEIVED 1716	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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